## Schools and Libraries Universal Service Description of Services Requested and Certification Form 470

Estimated Average Burden Hours per Response: 3 hours This form is designed to help you describe the eligible services you seek so that this data can be posted on the Fund Administrator Internet Site and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before beginning this form. (You can also file online at www.usac.org/sl)

Silcant's Form identilier (Op	otional: Create an identifier for your own reference)	Form 470 Application #:	
		(To be assigned by administrator)	
ock 1: Applicant A	Address and Identifications		
1 Name of Applican	t		
<b>2</b> Funding Year _			
3a Entity Number			
3b FCC Registration	Number		
4a Street Address, P.	O. Box, or Route Number		
City	State	Zip Code	
4b Telephone Number	er Ext		
4c Fax Number			
5a Type of Application	ו - Select one:		
Individual Schoo	ol (individual public or non-public school)		
School District	(LEA; public or non-public [e.g., diocesan] loca	al district representing multiple schools)	
Library	(including library system, library outlet/branch	or library consortium as defined under LSTA	
Consortium	(intermediate service agencies, states, state n libraries)	networks, consortia of schools and/or	
<b>5b</b> Applicant demogra	phics - Check all that apply:	_	
Private	Public	Charter	
Tribal	Head Start	State Agency	

Entity Number	Applicant's Form Identifier
Contact Person	Contact Telephone Number
	s and Identifications (continued)
6a Contact Person's Name	
If the Contact Person's Street Ad	dress is the same as <b>Item 4a</b> above, check here If not, complete Item 6b.
6b Street Address, P.O. Bo	ox, or Route Number
NOTE: USAC will use this a	ddress to mail correspondence about this form.
City	State Zip Code
Check the box next to your prefe and an entry provided.	rred mode of contact and provide your contact information. One box MUST be checked
<b>6c</b> Telephone Number	Ext
<b>6d</b> Fax Number	
<b>6e</b> E-mail Address	
Re-enter E-mail Address	
Check here if this	s is the e-mail address you want to use for correspondence with USAC.
If a consultant is assisting y	you with your application process, please complete Item 7 below:
7 Consultant Name	
Name of Consultant's Emplo	Dyer
Consultant's Street Address	
City	State Zip Code
Consultant's Telephone Nur	mber Ext
Consultant's Fax Number	
Consultant's E-mail Address	3
Re-enter E-mail Address	
Consultant Registration Nun	nber

Entity Number	Applicant's Form Identifier		
Contact Person	Contact Telephone Number		
Block 2: Summary Description of Needs or Services Requested (Attach additional pages if needed)			
8 Telecommunications Service	S		
RFP must be available to all i	you have a Request for Proposals (RFP) that specifies the services you are seeking, you nterested bidders for at least 28 days. If your RFP is not available to all interested nd you have or intend to have an RFP, you risk denial of your funding requests.		
YES, I have released or in Internet at:	tend to release an RFP for these services. It is available or will become available on the		
or via (check one)	the contact person in Item 6 or the contact person listed in Item 12		
Your RFP Identifier:			
<b>b NO</b> , I have not released	and do not intend to release an RFP for these services.		
voice service) and quantity and	<b>IO</b> , you must list below the Telecommunications Services you seek. Specify each service (e.g., loca d/or capacity (e.g., 20 existing lines plus 10 new ones). Remember that only eligible can provide these services under the universal service support mechanism.		
Service	Quantity and/or Capacity		
9 Internet Access			
If you check YES to indicate y RFP must be available to all i	you have a Request for Proposals (RFP) that specifies the services you are seeking, you nterested bidders for at least 28 days. If your RFP is not available to all interested		
-	nd you have or intend to have an RFP, you risk denial of your funding requests. tend to release an RFP for these services. It is available or will become available on the		
or via (check one)	the contact person in Item 6 or the contact person listed in Item 12.		
Your RFP Identifier:	<u>.</u>		
<b>b NO</b> , I have not released	<b>b I NO</b> , I have not released and do not intend to release an RFP for these services.		
Whether you check YES or NO, you must list below the Internet Access services you seek. Specify each service (e.g., monthly Internet service) and quantity and/or capacity (e.g., for 500 users).			
Service	Quantity and/or Capacity		

Entity Number	Applicant's Form Identifier		
Contact Person	Contact Telephone Number		
Block 2: Summary Description of Needs or Services Requested (Attach additional pages if needed)			
10 Internal Connections Ot	ner Than Basic Maintenance		
If you check YES to indicate you have a Request for Proposals (RFP) that specifies the services you are seeking, your RFP must be available to all interested bidders for at least 28 days. If your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.  Yes, I have released or intend to release an RFP for these services. It is available or will become available on the Internet			
a at:			
or via (check one)	the contact person in Item 6 or the contact person listed in Item 12.		
Your RFP Identifier:			
<b>b NO</b> , I have not released	and do not intend to release an RFP for these services.		
hub and cabling) and quantity	<b>NO</b> , you must list below the Internal Connections services you seek. Specify each service (e.g., a router, and/or capacity (e.g., connecting 1 classroom of 30 students).		
Service	Quantity and/or Capacity		
11 Basic Maintenance of Int	ternal Connections		
RFP must be available to	ate you have a Request for Proposals (RFP) that specifies the services you are seeking, your all interested bidders for at least 28 days. If your RFP is not available to all interested IO and you have or intend to have an RFP, you risk denial of your funding requests.		
YES, I have released or in a at:	ntend to release an RFP for these services. It is available or will become available on the Internet		
or via (check one)	the contact person in Item 6 or the contact person listed in Item 12.		
Your RFP Identifier:			
<b>b NO</b> , I have not released	and do not intend to release an RFP for these services.		
	<b>NO,</b> you must list below the Basic Maintenance services you seek. Specify each service (e.g., basic quantity and/or capacity (e.g., for 10 routers).		
Service	Quantity and/or Capacity		

Ent	ity Nu	mber Applicant's Form Identifier
Contact Person Contact Telephone Number		
Blo		: Summary Description of Needs or Services Requested (Continued)
12	spec	<i>tional</i> ) Please name the person on your staff or project who can provide additional technical details or answer ific questions from service providers about the services you are seeking. This person does not need to be the act person(s) listed in Item 6 nor the Authorized Person who signs this form. e
	Title	
		phone Number Ext
	Fax	Number
	Ema	il Address
	Re-e	nter E-mail Address
		Check here if this is the e-mail address you want to use for correspondence with USAC.
13	— F	Check this box if there are any restrictions imposed by state or local laws or regulations on how or when service providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures and/or provide an Internet address where they are posted and a contact name and telephone number.
		Check this box if no state and local procurement/competitive bidding requirements apply to the procurement of services sought on this Form 470.
		f you are requesting services for a funding year for which a Form 470 cannot yet be filed online, include that nformation here.
	-	
Blo	ock 3	: [Reserved]

Entit	Entity Number Applicant's Form Identifier			
Contact Person Contact Telephone Number				
Blo	ck 4:	Recip	pients of Service	
14	Elig	ible En	tities That Will Receive Services:	
	Check the ONE choice (Item 14a, 14b, 14c, 14d or 14e) that best describes the eligible entities that will receive the services described in this form. You will then list in Item 15 the entity/entities that will pay the bills for these services.			
	a Individual school or single-site library.			
	b		School district	
	С		Library system	
	d		Consortium	
	е		Statewide application for (enter 2-letter state code)	
			representing (check all that apply)	
			All public schools/districts in the state.	
			All non-public schools in the state. All libraries in the state.	
f	Num	ber of	eligible entities for which services are sought:	
15	Billo	d Entiti		
	List the entity/entities that will be paying the bills directly to the provider for the services requested in this form. These are known as Billed Entities. At least one line of this item must be completed. If a Billed Entity cited on your Form 471 is not listed below, funding may be denied for the funding requests associated with this Form 470. Attach additional pages if needed.			
		Entity	Number Entity Name	
		1		
		2		
		3		
		4		
		5		
		7		
		8		
		9		
		10		

Entit	y Nun	nber _	Applicant's Form Identifier
Contact Person		erson	Contact Telephone Number
Blo	ck 5:	Certi	fications and Signature
16		ertify tha a	t the applicant includes: (Check one or both.) schools under the statutory definitions of elementary and secondary schools found in the <b>No Child Left Behind Act of</b> <b>2001, 20 U.S.C. §§ 7801 (18) and (38)</b> , that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
	I	ь 🗖	libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools (including, but not limited to elementary and secondary schools, colleges, and universities).
17		covered	that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are d by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved ate or other authorized body, or an SLD-certified technology plan approver, prior to the commencement of service.
			Technology plan creation date(s):
			Or I certify that no technology plan is required by Commission rules.
18		receive the mo	that I will post my Form 470 and (if applicable) make my RFP available for at least 28 days before considering all bids ad and selecting a service provider. I certify that all bids submitted will be carefully considered and the bid selected will be for st cost-effective service or equipment offering, with price being the primary factor, and will be the most cost-effective means ting educational needs and technology plan goals.
19		will reta	that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I ain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the form for, of, and delivery of services receiving schools and libraries discounts. I acknowledge that I may be audited pursuant to ation in the schools and libraries program.
20		purpose the Cor not rece	that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used solely for educational es and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by nmission's rules at 47 C.F.R. §§ 54.500(b), 54.513. Additionally, I certify that the entity or entities listed on this form have eived anything of value or a promise of anything of value, other than services and equipment sought by means of this form, e service provider, or any representative or agent thereof or any consultant in connection with this request for services.
21		access mainter aforem	wledge that support under this support mechanism is conditional upon the school(s) and/or library(ies) I represent securing , separately or through this program, to all of the resources, including computers, training, software, internal connections, nance, and electrical capacity necessary to use the services purchased effectively. I recognize that some of the entioned resources are not eligible for support. I certify that I have considered what financial resources should be available r these costs.
22		am aut	that I am authorized to procure telecommunications and other supported services for the eligible entity(ies). I certify that I norized to submit this request on behalf of the eligible entity(ies) listed on this form, that I have examined this request, and to t of my knowledge, information, and belief, all statements of fact contained herein are true.
23		complie under t	that I have reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that I have ad with them. I acknowledge that persons willfully making false statements on this form can be punished by fine or forfeiture, he Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 § 1001.
24			wledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain sing from their participation in the schools and libraries support mechanism are subject to suspension and debarment from gram.

Do not write in this area.

		_ Applicant's Form Identifier		
Conta	Contact Person Contact Telephone Number			
Bloc	k 5: Certifications and Signature (Cont	tinued)		
25	Signature of authorized person	<b>26</b> Date		
27a	Printed name of authorized person			
27b	Title or position of authorized person			
	Check here if the contact person in Item	6a is the Authorized Person. If not, complete Items 28a-28e.		
27c	Street Address, P.O. Box, or Route Number			
	City			
	State Zip Code			
27d	Telephone Number of Authorized Person	Ext		
27e	Fax Number of Authorized Person			
27f	E-mail Address of Authorized Person ————————————————————————————————————			
	Re-enter E-mail Address			
	Check here if this is the e-mail addr	ress you want to use for correspondence with USAC.		
27g	Name of Authorized Person's Employer			
	Service provider involvement with preparation or certification of a Form 470 can taint the competitive bidding process and result in the denial of funding requests. For more information, refer to the Schools and Libraries area of the USAC web site at www.usac.org/sl or call the SLD Client Service Bureau at 1-888-203-8100.			

Entity Number

Applicant's Form Identifier

Contact Person

Contact Telephone Number

## Block 5: Certifications and Signature (Continued)

**NOTICE:** In accordance with Section 54.504 of the Federal Communications Commission's rules, certain schools and libraries ordering services that are eligible for and seeking universal service discounts must file this Description of Services Requested and Certification Form (FCC Form 470) with the Universal Service Administrator. 47 C.F.R. § 54.504(b). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. Schools and libraries must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, information provided in or submitted with this form or in response to subsequent inquiries may also be subject to disclosure consistent with the Communications Act of 1934, FCC regulations, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law.

If you owe a past due debt to the federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your form without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 470 P.O. Box 7026 Lawrence, Kansas 66044-7026 1-888-203-8100

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD Forms ATTN: SLD Form 470 3833 Greenway Drive Lawrence, Kansas 66046 1-888-203-8100